

**Department of Ecology**

**WRTS Internal WR Doc ID**



2 0 8 6 5 5 9

**Water Right Tracking System (WRTS) File Number  
S4-31623**

Note to Imaging and Preservation Services, Secretary of State Office: The WRTS Internal WR Doc ID is the number to be used for indexing images.

**BRIAN R. SLADE**  
**7865 Russ Road**  
**Malaga, WA 98828**

**509 662 2747**

**RECEIVED**

**NOV 23 2010**

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

November 22, 2010

Farida Leek  
Department of Ecology  
Central Regional Office  
15 W. Yakima Ave., Ste 200  
Yakima, WA 98902-3452

RE: Application Number S431623

Dear Ms. Leek

Enclosed are seven signature pages for the water rights application you requested. All owners have signed with the exception of parcel number 212229535203, who declined to participate.

If you have any questions or concerns about this assignment, please call me at the above number or my cell phone 509 630 1750.

Thank you.

Sincerely,



Brian R. Slade

enc.

c: Susan Burgdorff-Beery w/enc.

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

### Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: \_\_\_\_\_

Site Address: Parcel # 212229535201

### Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Print Name  
(Applicant or authorized representative)

DAN SCOTT

Signature

[Signature]

Date

10-3-10

Print Name  
(Legal Owner or Part Owner Place of Use)

MIKE A SCOTT

Signature

[Signature]

Date

10-3-2010

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5457	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

### Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: \_\_\_\_\_

Site Address: Parcel # 21222 9535 200

### Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

STAN ANDERSON  
Print Name  
(Applicant or authorized representative)

[Signature]  
Signature

9/7/10  
Date

VICKI L. ANDERSON  
Print Name  
(Legal Owner or Part Owner Place of Use)

[Signature]  
Signature

9/7/2010  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775



If you answered yes to any of the above questions, please describe: \_\_\_\_\_

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

### Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: \_\_\_\_\_

Site Address: Parcel # 212229535215

### Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

EDWIN W. KELSO

Print Name  
(Applicant or authorized representative)

Edwin W. Kelso

Signature

3-29-10

Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please check the region in which the project is located:

\*Submit your application to:

DEPARTMENT OF ECOLOGY  
CASHIERING SECTION  
PO BOX 47611  
OLYMPIA, WA 98504-7611

☒ Central Regional Office  
15 W Yakima Avenue, Suite 200  
Yakima, WA 98902  
(509) 575-2490

☐ Northwest Regional Office  
3190 - 160<sup>th</sup> Avenue SE  
Bellevue, WA 98009-5355

☐ Eastern Regional Office  
4601 N. Monroe  
Spokane, WA 99205-1295  
(509) 329-3400

☐ Southwest Regional Office  
PO Box 47775  
Olympia, WA 98504-7775

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

### Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: \_\_\_\_\_

Site Address: Parcel # 21222 9535 220

### Section 11. REQUIRED SIGNATURES

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Print Name  
(Applicant or authorized representative)

Byron Boyd Gourley

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Byron B. Gourley

Signature

Date

10/3/10

Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5457	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775



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### Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: \_\_\_\_\_

Site Address: Parcel # 21222 9535223

### Section 11. REQUIRED SIGNATURES

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Print Name  
(Applicant or authorized representative)

Byron Boyd Gourley

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Byron B. Gourley

Signature

Date

10/3/10

Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98009-5457	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

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### Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: \_\_\_\_\_

Site Address: Parcel # 212229535217

### Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Print Name  
(Applicant or authorized representative)

BREIT GOURLEY

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Breit Gourley

Signature

Date

4/6/10

Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775



If you answered yes to any of the above questions, please describe: \_\_\_\_\_

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### Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: \_\_\_\_\_

Site Address: \_\_\_\_\_

Parcel # 212229535219

### Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Brian R. Slade

Print Name

(Applicant or authorized representative)

Brian R. Slade

Signature

3-28-10

Date

Brian R. Slade

Print Name

(Legal Owner or Part Owner Place of Use)

Brian R. Slade

Signature

3-28-10

Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

\*Submit your application to:

DEPARTMENT OF ECOLOGY  
CASHIERING SECTION  
PO BOX 47611  
OLYMPIA, WA 98504-7611

☒ Central Regional Office  
15 W Yakima Avenue, Suite 200  
Yakima, WA 98902  
(509) 575-2490

☐ Eastern Regional Office  
4601 N. Monroe  
Spokane, WA 99205-1295  
(509) 329-3400

☐ Northwest Regional Office  
3190 - 160<sup>th</sup> Avenue SE  
Bellevue, WA 98006-5457

☐ Southwest Regional Office  
PO Box 47775  
Olympia, WA 98504-7775



WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY

# APPLICATION FOR PERMIT

TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

☒ SURFACE WATER ☐ GROUND WATER

\$10.00 MINIMUM STATUTORY EXAMINATION FEE REQUIRED WITH APPLICATION

(GRAY BOXES FOR OFFICE USE ONLY)



APPLICATION NO. 5431623 W.R.I.A. 40 COUNTY Chelan PRIORITY DATE 2/3/93 TIME 12:15 ACCEPTED Def.

APPLICANT'S NAME - PLEASE PRINT

Bus. Tel. 662-5442  
Home Tel. 664-1088  
Other Tel.

ADDRESS (STREET) 7615 Turpistan Rd (CITY) Malaga Wash (STATE)  (ZIP CODE) 98828-9740

DATE & PLACE OF INCORPORATION IF APPLICANT IS A CORPORATION

## 1. SOURCE OF SUPPLY

IF SURFACE WATER SOURCE (NAME OF STREAM, LAKE, SPRING, ETC.) (IF UNNAMED, SO STATE) Columbia River  
TRIBUTARY   
IF GROUND WATER SOURCE (WELL, TUNNEL, INFILTRATION TRENCH, ETC.)   
SIZE AND DEPTH

## 2. USE

USE TO WHICH WATER IS TO BE APPLIED (DOMESTIC SUPPLY, IRRIGATION, MINING, MANUFACTURING, ETC.) Domestic water and irrigation for 8 homes w/ 1/2 acre lawn  
ENTER QUANTITY OF WATER REQUESTED USING UNITS OF: CUBIC FEET PER SECOND (CFS) 0.5 OR GALLONS PER MINUTE (GPM) 9 gives total  
ACRE FEET PER YEAR 9 gives total  
year around continuous supply  
TIMES DURING YEAR WATER WILL BE REQUIRED Community domestic supply and irrigation during irrigation season  
All year

IF IRRIGATION, NUMBER OF ACRES 9 gives total IF DOMESTIC USE, NUMBER OF UNITS BY TYPE, E.G. 1-HOME, 1-MOBILE HOME, 2-CAMPSITES, ETC. 8 homes IF MUNICIPAL USE, ESTIMATED POPULATION 20 YEARS FROM TODAY 8 homes

DATE PROJECT WAS OR WILL BE STARTED As soon as I get OK DATE PROJECT WAS OR WILL BE COMPLETED 3 month after I get OK

## 3. LOCATION OF POINT OF DIVERSION/WITHDRAWAL

### 3A. IF IN PLATTED PROPERTY

LOT 1A-D BLOCK 7 OF (GIVE NAME OF PLAT OR ADDITION) Dill Orchard Tracts SECTION 29 TOWN 21 RANGE 22  
ALSO, PLEASE ENCLOSE A COPY OF THE PLAT AND MARK THE POINT(S) OF WITHDRAWAL OR DIVERSION  
SE 1/4 NE 1/4

### 3B. IF NOT IN PLATTED PROPERTY

ON ACCOMPANYING SECTION MAPS, ACCURATELY MARK AND IDENTIFY EACH POINT OF DIVERSION, SHOW NORTH-SOUTH AND EAST-WEST DISTANCES FROM NEAREST SECTION CORNER OR PROPERTY CORNER

ALSO, ENTER BELOW THE DISTANCES FROM THE NEAREST SECTION OR PROPERTY CORNER TO THE DIVERSION OR WITHDRAWAL

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION) SECTION TOWNSHIP N. RANGE (E. OR W.) W.M. COUNTY

## 4. DO YOU OWN THE LAND ON WHICH THIS SOURCE IS LOCATED, IF NOT, INSERT NAME & ADDRESS OF OWNER

Yes LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

ATTACH A COPY OF THE LEGAL DESCRIPTION OF THE PROPERTY (ON WHICH THE WATER WILL BE USED) TAKEN FROM A REAL ESTATE CONTRACT, PROPERTY DEED OR TITLE INSURANCE POLICY, OR, COPY CAREFULLY IN THE SPACE BELOW.

Lot 1A-D Block 7 Dill Orchard tracts Chelan County  
Malaga Wash



WHAT IS YOUR INTEREST IN THE PROPERTY ON WHICH THE WATER IS TO BE USED (PROPERTY OWNER, LESSEE, CONTRACT PURCHASER, ETC.)

Owner

ARE THERE ANY EXISTING WATER RIGHTS RELATED TO THE LAND ON WHICH THE WATER IS TO BE USED (INCLUDING WATER PROVIDED BY IRRIGATION DISTRICTS OR DITCH COMPANIES.)

☐ YES ☒ NO

IF YES, FROM WHAT SOURCE (I.E. SURFACE OR GROUND WATER) AND UNDER WHAT AUTHORITY

6. DESCRIPTION OF SYSTEM PROPOSED OR INSTALLED

(FOR EXAMPLE: SIZE OF PUMP, CAPACITY OF PUMP, PUMP MOTOR HORSE POWER, PIPE DIAMETER, NUMBER OF SPRINKLERS, ETC.)

1- 7 1/2 HP 230 VOLT 30 90 GPM Sub Pump 90 GPM @ 210'  
3- 4x350 Pressure tank - 116 Gal tank for 525 Gal float tank  
1- Filter System - Sand media filter 100 mesh inline filter 120 gpm  
1- Combination unit - Pump tank - metering unit - 30 GPM  
350' 2 1/4" Sub pump wire  
1- 7 1/2 HP - Pump Panel 30  
101' 6" PVC pipe out of River  
300' 2 1/2" PVC Sch 40 pipe  
1- Turbidity meter

REMARKS

7.

8.

COMPLETE THIS SECTION ONLY IF THIS APPLICATION INCLUDES IRRIGATION AS A USE

IN ORDER TO IMPLEMENT THE PROVISIONS OF INITIATIVE MEASURE NUMBER 59, THE FAMILY FARM WATER ACT WHICH WAS PASSED BY THE VOTERS ON NOVEMBER 3, 1977, WE MUST ASK THE FOLLOWING QUESTIONS:

DOES THE TOTAL NUMBER OF ACRES IN WHICH YOU HAVE CONTROLLING INTEREST IN THE STATE OF WASHINGTON EXCEED 2000 ACRES FOR THE FOLLOWING THREE CATEGORIES:

1. LANDS THAT ARE BEING IRRIGATED UNDER WATER RIGHTS ACQUIRED AFTER DECEMBER 8, 1977.
2. LANDS THAT MAY BE IRRIGATED UNDER APPLICATIONS NOW ON FILE WITH THE DEPARTMENT OF ECOLOGY.
3. LANDS THAT MAY BE IRRIGATED UNDER THIS APPLICATION.

YES ☐ NO ☒  
YES ☐ NO ☒  
YES ☐ NO ☒

IF 10 ACRE-FEET OR MORE OF WATER IS TO BE STORED AND/OR IF THE WATER DEPTH WILL BE 10 FEET OR MORE AT THE DEEPEST POINT, A STORAGE PERMIT MUST BE FILED IN ADDITION TO THIS PERMIT. THESE FORMS CAN BE SECURED, TOGETHER WITH INSTRUCTIONS, FROM THE DEPARTMENT OF ECOLOGY.

SIGNATURES

LEGAL LANDOWNERS NAME  
(PLEASE PRINT)

*Dwight J. Kopf Jr.*  
APPLICANT'S SIGNATURE

*Dwight J. Kopf Jr.*  
LEGAL LANDOWNERS SIGNATURE (OWNER OF PROPERTY DESCRIBED IN ITEM NUMBER 5)

LEGAL LANDOWNER'S ADDRESS

FOR OFFICE USE ONLY

STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

SS.

This is to certify that I have examined this application together with the accompanying maps and data, and am returning it for correction or completion as follows:

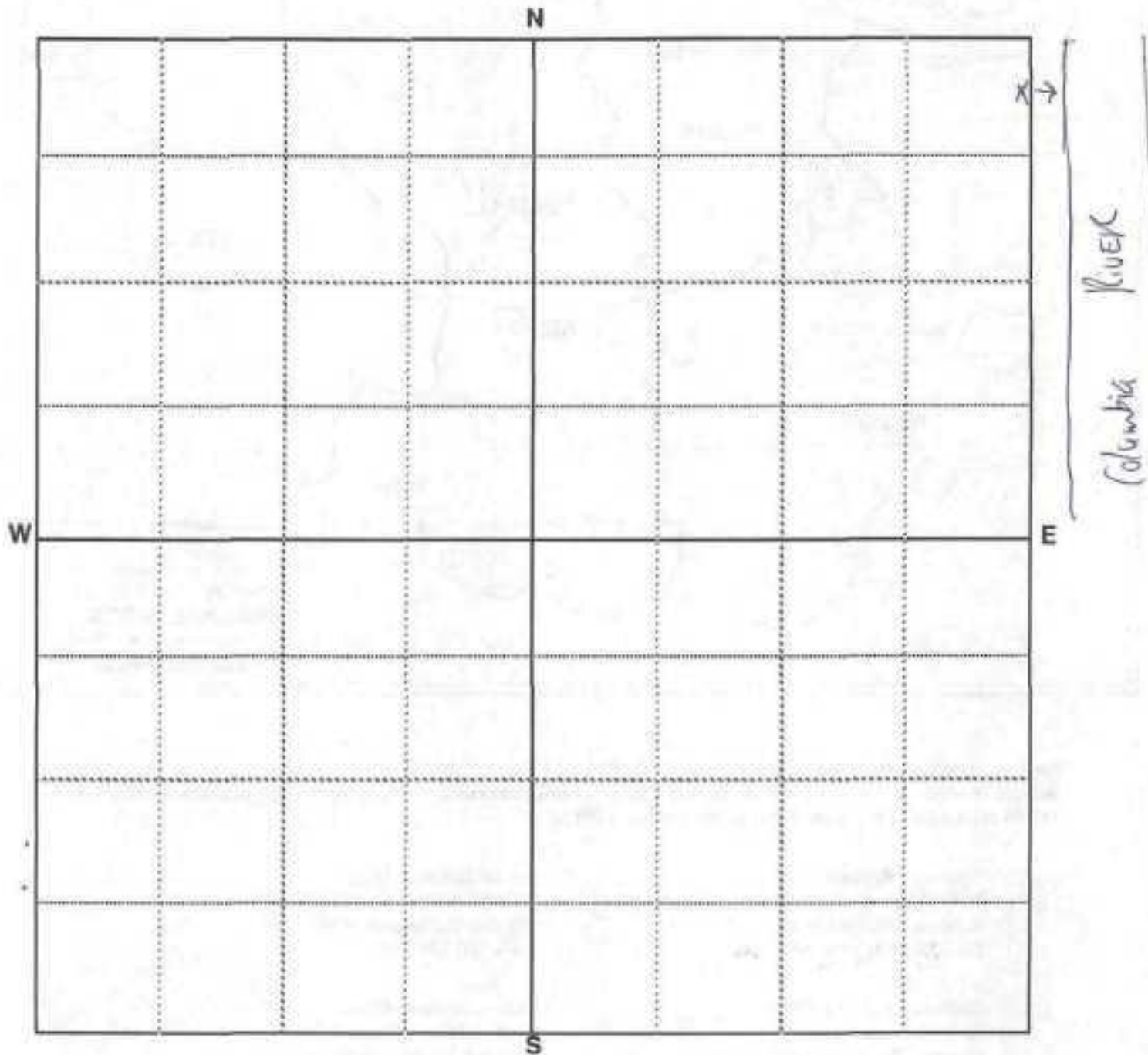
In order to retain its priority date, this application must be returned to the Department of Ecology, with corrections, on or before 19.

Witness my hand this day of 19.



## SECTION MAP

S 431623

Sec. 29 Twp. 21 N. R. 22

Scale: 1 inch = 800 feet (each small square = 10 acres)

Show by a cross (X) the location of point of diversion (surface water source) or point of withdrawal (ground water source). For ground water applications, show by a circle (O) the locations of other wells or works within a quarter of a mile.

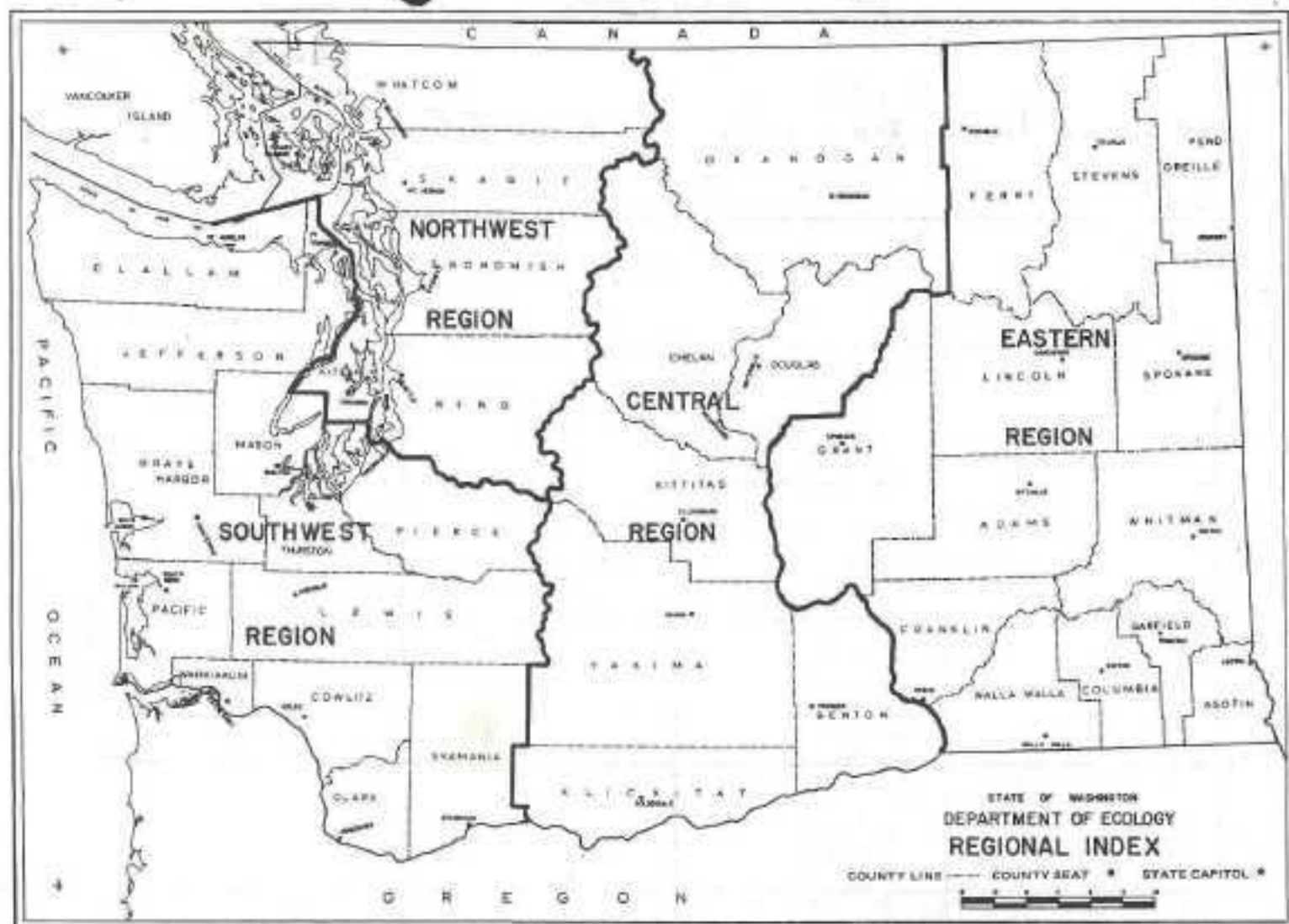
Indicate traveling directions from nearest town in space below.

Property Address 7615 Tarpiscan Rd Malaga Wash.

Drive South from Wenatchee on Malaga-Alcoa Hwy. Approx. 6  
miles past Alcoa you come to the Y of Clockum  
& Tarpiscan Rds. Take Tarpiscan Rd approx 1 mile till  
you come to Kipuk on mailbox on left. Take a  
left to house & land down on the right.

Detach here

Fold



Your water right application will be processed by the Regional Office of the Department of Ecology having jurisdiction in the area in which your water works are located. Please submit your completed application form, maps, sketches, and \$10.00 examination fee to the appropriate Regional Office.

Northwest Regional Office  
3190 - 160th Avenue S.E.  
Bellevue, WA 98008-5452  
Tel. (206) 649-7000

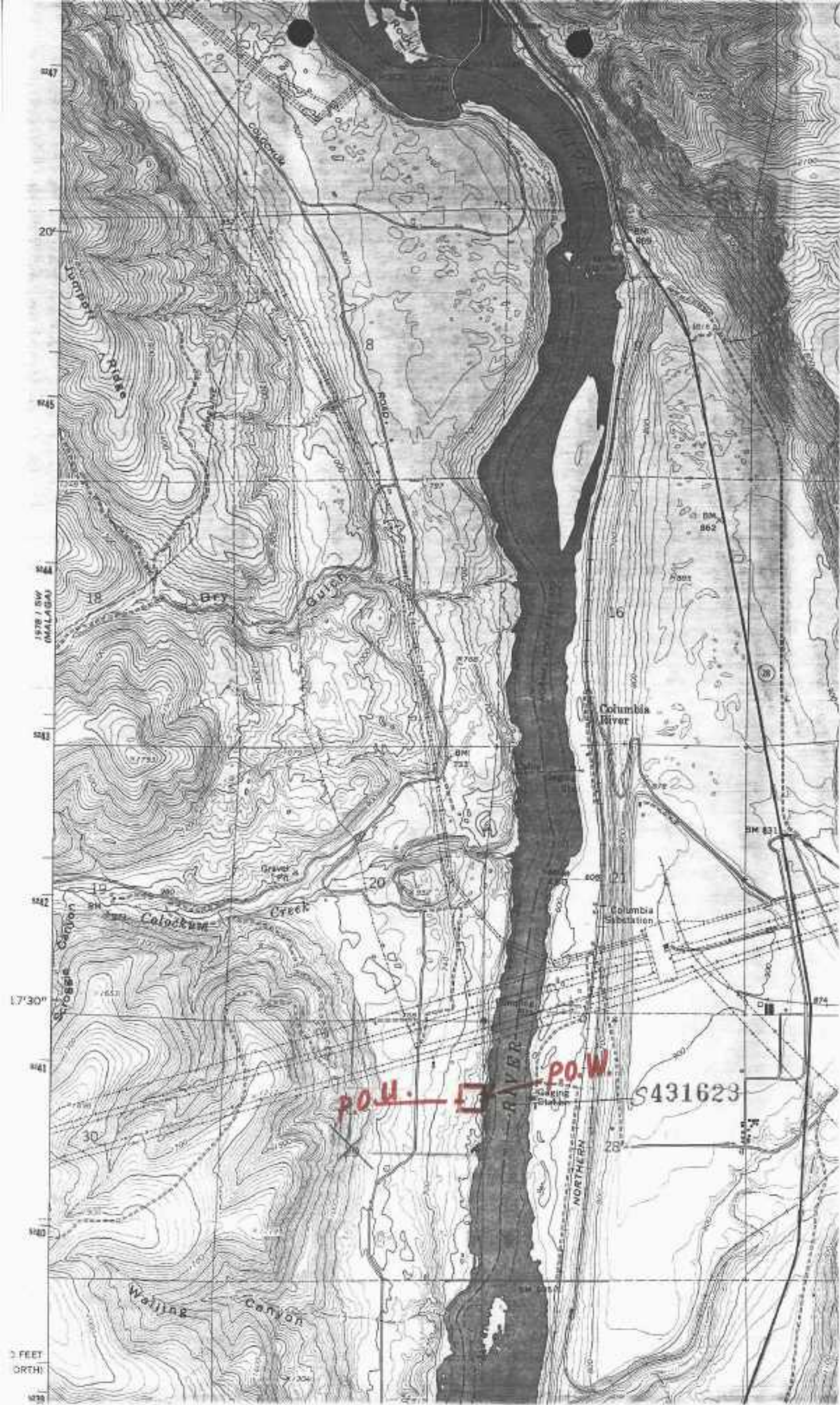
Central Regional Office  
3601 West Washington  
Yakima, Washington 98903-1164  
Tel. (509) 575-2800

Southwest Regional Office  
7272 Cleanwater Lane  
Olympia, Washington 98504-6811  
Tel. (206) 586-6380

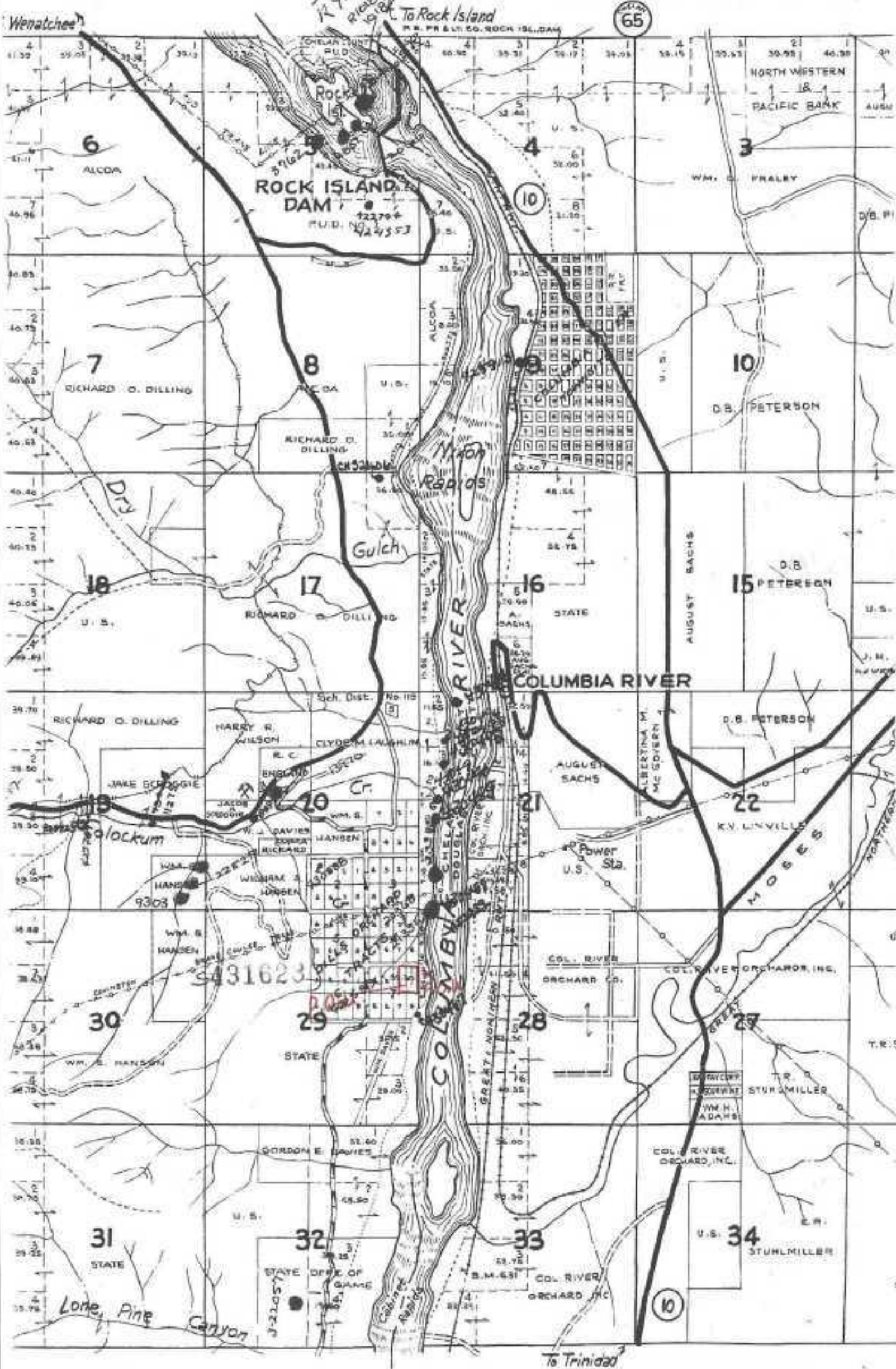
Eastern Regional Office  
N. 4601 Monroe, Suite 100  
Spokane, Washington 99205-1295  
Tel. (509) 456-2926

The appropriate Regional Office will be happy to answer any further questions you may have.











STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

3601 W. Washington • Yakima, Washington 98903-1164 • (509) 575-2800  
February 19, 1993

Russell J Kopak Jr  
7615 Tarpiscan Road  
Malaga WA 98828-9740

Re: Surface Water Application 5431623

Your application and check No. 641 in the amount of \$10.00 are being returned for the following reasons:

1. You indicate that irrigation will be a use under this application. You will need to provide the total number of acres to be irrigated.
2. You will need to indicate the date the project was/will be started and when it was/will be completed. You may write in "Completed" if the project is finished.
3. You will need to supply a copy of a Chelan County Assessor's map of your property. You will need to highlight the boundaries of your property and mark with an X where your source is located. You will need to provide enough detail so that we will be able to locate section corners.

You will retain your priority date of February 3, 1993, if you return your application, check and all the above-requested information by March 8, 1993.

You may contact this office at (509) 575-2800 if you have any questions.

Sincerely,

Myria J. Autrey Johnson  
Water Resources Program

MJAJ:gh  
9302102

Enclosure(s): Application  
Check No. 641 - \$10.00

ap-la:Form